



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION  
EDUCATOR CERTIFICATION  
POST OFFICE BOX 480  
JEFFERSON CITY, MISSOURI 65102-0480  
(573) 751-0051

### VERIFICATION OF TEACHING EXPERIENCE

#### SECTION I: TO BE COMPLETED BY APPLICANT. APPLICANT MUST SEND THIS FORM TO ALL EMPLOYERS TO VERIFY CONTRACTED TEACHING EXPERIENCE.

\*SOCIAL SECURITY NUMBER

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

DATE OF BIRTH

MALE ☐

FEMALE ☐

PHONE NUMBERS

H ( )

W ( )

\*View the Social Security Number Disclosure

I hereby give my former and/or current employer permission to release any and all information required in Section II.

LEGAL SIGNATURE OF APPLICANT

DATE

#### SECTION II: TO BE COMPLETED BY EMPLOYING SCHOOL SYSTEM

The above named individual was employed as a teacher in our school system as verified below.

BEGINNING DATE OF EMPLOYMENT

ENDING DATE OF EMPLOYMENT

TOTAL YEARS TAUGHT

SUBJECT AREA(S) TAUGHT

GRADE LEVEL(S)

SUBJECT AREA(S) TAUGHT

GRADE LEVEL(S)

NAME OF SCHOOL SYSTEM

SCHOOL ADDRESS

CITY, STATE, ZIP

ADMINISTRATOR'S NAME (PRINT OR TYPE)

ADMINISTRATOR'S POSITION

SCHOOL PHONE NUMBER

ADMINISTRATOR'S SIGNATURE

DATE

PRIVATE OR PAROCHIAL SCHOOL IS ACCREDITED BY

**NOTE:** Teacher certification in Missouri is designed into a multi-level plan. Teachers are issued the appropriate level according to the number of years of teaching experience and the level of education. **Experience must be contracted and at least half-time. Substitute teaching or serving as a teacher's aide or assistant cannot be counted.**

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581.

**PLEASE RETURN THIS FORM TO THE TO THE APPLICANT IN A SEALED OFFICIAL SCHOOL ENVELOPE.**

**THIS FORM MAY BE DUPLICATED FOR ADDITIONAL EMPLOYERS.  
ORIGINAL SIGNATURE REQUIRED-NO FAXES OR PHOTOCOPIES!**

[www.dese.mo.gov](http://www.dese.mo.gov)